____YES ____NO

Maria Mario -				
File with: lowa Ethics and Campaign Disclosure Board 510 E. 12 th , Ste. 1A	Farm Right		GD.	in Ethics will
Des Moines, lows 50319 Fax: 515-261-4073		SEE BACK OF FORM	071.1,	· No.
1 42. 010-201-1070	DISCLOSURE S	UMMARY PAGE	2009	JUL 20 AH 11: 27
COMMITTEE NAME (Must be	same as on Statement of Organiz	ation)		30L 20 AN 11 . 27
Operating Engineers Local 2	34 Political Fund # 6089			FORM
(1)Statewide/Legislative/Judge St (4)County Central Committee (5)	f committee you are reporting for: 2 anding for Retention Candidate (2)S County Candidate (6)City Candidate PAC (9)City PAC (10)School Board	17 School Board or Other D. II	itical PAC (DR-2 (Rev. 07/2007) DISCLOSURE RÉPORT For Office Use Orliv Comm. #
CANDIDATE COMMITTEES O	NLY:			Logged In YIM
Candidate Name		Political Party (if applicat: e)	Scanned
Office Sought		District (if Senate or Hou:)	Audited
MGNATURE OF PERSON FILI		515-2105-11		DATE SIGNED
	30-09			N-ELECTION YEAR.
- •	ort date)	Indicate (by # [1	
JCHECK IF AMENDMENT TO	REPORT DATED		Local Co	ommittees, enter Date of Election
Check if this is final (terminati (You must continue to f	on) report and attach Notice of Di file reports until a DR-3 is filed.)	ssolution Form DR-3.	County & which El	Local Committees, enter County in ection is held
STATEME	NT OF CASH ON HAND			
ASH ON HAND at the beginnin committee. This amou	g of the reporting period. (Total on the cash the cash lod or must be zero if this is first n	on hand at the end		96,990,08
	TAKEN IN THIS PERIOD	,		
	tributions total (Attach Schedule A) ("also see in-kind below)	*******	33,546.93
Schedule F: Loans Red	ceived total (Attach Schedule F)		******	
	s of Campaign Property (Attach S		***********	
<u>(Schedule H a</u>	pplies to Candidates' Committe	<u>es Oniv)</u> Sub-total .	•	130,537.01
SUBTRACT TOTAL MO	ONEY SPENT THIS PERIOD	ADM-IAIM!	PATTA ABA 1 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
Schedule B: Expenditu	res total (Attach Schedule B) ("al ayments total (Attach Schedule F)	so see debts and loans beld	v)	5,000.00
	Is reporting period (if final report b			125,537.01
······································				
MITAIU DILLO (FIOM SCHOOL)	D - Attach Schedule D)		\$	
i ruap cum i ribu i ions (Fio Mitetandina i care (Fio	m Schedule E - Attach Schedule	E)	\$	
TO THE PROPERTY COMES	Schedule F - Attach Schedule F)	***************************************	\$	

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

CONSULTANT BREAKDOWN (Schedule G Attached?)

CANDIDATE COMMITTEES ONLY:

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of ϵ ach year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be some seen State	
COMMITTEE NAME (Must be same as on Statement of Organization)	
Operating Engineers Local 234 Political Fund #6089	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACT:)N COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AV. ILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

1-7-09	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
1-20-09 CK# Signed checkoff authorization from Membership 7228.45	1-7-09		Monthly Membership Dues for December 2008		\$1581.00	INCOME
1391.00 1391	1-20-09		Signed checkoff authorization from Membership		7228.45	
Signed checkoff authorization from Membership 3846.54	2-3-09		Monthly Membership Dues for January 2009		1391.00	
Monthly Membership Dues for February 2009 1225.00	2-19 -0 9		Signed checkoff authorization from Membership		3846.54	
Monthly Membership Dues for March 2009 10# Signed checkoff authorizations from Membership 2391.99	3-11-09		Monthly Membership Dues for February 2009		1225.00	
Signed checkoff authorizations from Membershil CK# Monthly Membership Dues for April 2009 1377.00 CK# Signed checkoff authorizations from Membershi: 5487.92 Monthly Membership Dues for May 2009	I-7 - 09		Monthly Membership Dues for March 2009		1468.00	
Monthly Membership Dues for April 2009 1377.00 10# CK# Signed checkoff authorizations from Membershi: 5487.92 Monthly Membership Dues for May 2009	1 -17 -09		Signed checkoff authorizations from Membershi		2391.99	
Signed checkoff authorizations from Membershi: 5487.92 Monthly Membership Dues for May 2009	i-5-09		Monthly Membership Dues for April 2009		1377.00	
Monthly Membership Dues for May 2000	5-22-09		Signed checkoff authorizations from Membershi:		5487.92	
	0.00		Monthly Membership Dues for May 2009		1063.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribition to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (blatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2 (for Schedule A)

(wedness a because minds)	 CHE	CK THIS BOX IF
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	(Rev. 07/03)	MONETARY RECEIPTS
For instructions, See Back of Form	SCHEDULE	

functional in per landers a because interest	CHECK THIS BOX
COMMITTEE NAME (Must be same as on Statement of Organization)	AMENDING FORM
Operating Engineers Local 234 Political Fund #6089	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACT ON COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AV (LABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$75: TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and stallments for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
6-24-09	CK#	Signed checkoff authorizations from Membersh p		\$6487.03	
	ID# CK#				
	ID# CK#				
	IĎ# CK#				
	ID#				
	CK#				
	ID# CK#				
	ID# CK#				
	(D# CK#				
	ID# CK#				
			SUB-TOTAL	s 6487.03	

TOTAL (If last; age of this schedule)

Page 2 of 2 (for Schedule A)

33546.93

[&]quot;Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity 'relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

	SCHEDULE		
CCOL NT	(Rev. 07/03)	MONETARY EXPENDITURES	
EGISLAT VE LUMN AID THE FROM THE IOWA	CHECK THIS BOX		

EXPENDITURES	- MONEY	SPENT	FROM (COMMIT	TEE ACCOL	NΤ
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STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLAT VE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN ALD THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWALETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization) Operating Engineers Local 234 Political Fund #6089 NAME AND ADDRESS TO WHOM EXPENDITURE CANDIDATE PURPOSE AMOUNT DATE ID NUMBER (DESCRIBE TRANSACTION) **EXPENDED** (if applicable) **EXPENDED** (Disbursement) WAS MADE (MM/DD/YR) AND PAC CHECK NUMBER ID# 5083 Chet Culver Committee Campaign C intribution 1-5-09 PO Box 6068 \$ 5000.00 CK#466 Des Moines, IA 50309 ID# CK# SUB-TOTAL TOTAL (if it st page of this schedule) \$ 5000.00

		COMMITTEES ONLY

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, c ganizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A.402(3)(i).)

Page	1	af	1